



summer
reading/5

first aid
supplies/7

wash your
watermelon/8

yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. X NO. 4

JULY–AUGUST 2007

Home care for bumps & bruises

Ivy Alexander, PhD, C-ANP, Internal Medicine clinician and director of Adult, Family, Gerontological, and Women's Health Specialty, Yale School of Nursing

Common minor injuries—scrapes, minor cuts, burns and contact dermatitis—can usually be safely cared for at home. Start by washing the area with warm soapy water to remove any debris (pebbles, sand, or oils from poisonous plants). Do not use hydrogen peroxide; recent research has shown that it can slow the healing process.

After the area has been washed, make sure it is clean and free of debris. Examine the injured area each day and consult a clinician if you notice signs of infection such as increasing redness, pain, swelling, and pus discharge. Mild pain is normal during the first day or two after an injury, especially with burns, and can be treated using over-the-counter ibuprofen or acetaminophen.

Scrapes and cuts

After cleaning the area, apply gentle pressure until bleeding stops. Cover the area with a very fine film of general antibiotic ointment (e.g. Bacitracin) and cover loosely with a bandaid or gauze pad.

continued on page 2

Hey waiter! There's a vitamin in my soup!

Linda Bell, MS, RD, CD/N
YHP nutritionist

Recently, a young woman was referred to me because she is a vegetarian who has low iron stores and who had told her primary care clinician that she doesn't want to take supplements. During our conversation, she added that she also wants to avoid fortified foods, as she feels they are chemically altered and unnatural. She was dismayed when I pointed out that most grains in the US are fortified. However, by the end of our conversation regarding the bioavailability of iron from plant food and the elevated needs of young women for this nutrient, she wanted to know what type of supplement I would recommend for her.

This type of dialogue—not unusual in my practice—highlights some of the confusion about the addition of nutrients to our food supply. Which “not naturally there” nutrients or food components might actually help us and which are largely marketing gimmicks?

Beginning with some basic definitions: “fortified” means adding to foods nutrients that weren't originally present.



The most well known and widely-accepted examples of fortification are the addition of vitamin D to milk and the addition of iodine to salt. The most recent food fortification program was folic acid, required by the FDA to be added to specific flour, breads, and other grains in hopes of reducing birth defects.

The term “enriched” means adding back nutrients lost during food processing. Examples of enrichment include the mandatory addition of thiamin, riboflavin, and iron to highly-processed flours and breads. Thus, most grain products in the American diet are “enriched” with B vitamins and iron and “fortified” with folic acid.

Another term, “functional foods,” is now often used to define foods which have added nutrients or compounds. Although there is no universal definition of this term, the Institute of Medicine defines as “functional foods” those “that encompass potentially healthful products including any modified food or ingredient that may provide a health benefit beyond the traditional nutrients it contains.”

continued on page 4

BUMPS AND BRUISES

continued from page 1

During the first day a scab will form. In some instances the cut or scrape may ooze straw colored fluid for a day or so. If this happens, remove the covering to lightly reapply ointment approximately twice daily until the oozing stops and a scab has formed. Once the area has a scab, it can be left open to the air to dry out. If the location of the scab is likely to be disturbed, cover it lightly during the day with a dry band aid or gauze pad. Leaving the scab to heal and fall off on its own will reduce the chances of scarring.

If a cut or scrape occurs with a fall or sharp contact with an object, apply a cold pack or ice over a thin cloth to reduce swelling. Keeping the area elevated will also reduce swelling. Minimizing swelling will reduce pain after an injury.

Minor burns

Burns are graded as 1st, 2nd, 3rd and 4th degree. Scalding and most 1st (pinkish reddened area, tender) and 2nd (red area, swollen, blisters, mildly painful) degree burns can be safely managed at home. Third (painful red, whitened or blackened area that extends into deeper skin layers) and 4th (extends down to bone and muscle tissue) degree burns should be treated by a medical professional.

When a burn occurs, immediately remove the heat source (e.g. water, food, grease) with a soft cloth and submerge the affected body part in plain cold water. Do not use ice or ice water, which can cause additional tissue injury. Gently wash the area in cool soapy water and remove jewelry, rings, or clothes, as swelling often occurs. Change the water frequently to assure that it remains cold until the pain from the burn and sensation of heat are relieved.

Never use grease to cover a burn. Instead, apply a thin film of antibiotic ointment and cover with a dry band aid or soft non-stick gauze cloth. Reapply cold as needed if pain returns. If small blisters appear, allow them to dissipate on their own; never pop them. Most burns will develop scabs. If blisters form the scab will form after the blister dissipates; if there are no blisters, a scab will usually form over the injured tissue.



As with cuts or scrapes, allow the scab to fall off naturally.

Contact dermatitis

Contact dermatitis is caused by direct skin contact with irritating oils

found on plants such as poison ivy or poison oak. Often contact is not recognized until after it has occurred, when an itchy rash appears with small blisters on red skin in a streaked pattern where the leaves brushed across the skin.

As soon as you notice the rash—or if you think you have come in contact with poisonous plants—immediately wash the area with cool water and mild soap to remove any excess plant oil that may remain on the skin. Also wash all garments, bedding, towels, and any other fabric items that have had contact with the affected area to remove oils that can transfer onto these objects.

After washing the rash area, apply a cooling anti-itch cream such as calamine, 1% hydrocortisone, or Benadryl. The area may need to be covered with gauze as the lesions often ooze light yellow fluid. Covering the area also reduces the tendency to scratch. Scratching can increase the risk for developing infection. A clinician should evaluate the rash if it covers a large area or is on the face or genital area. Itching and new blister lesions commonly continue for about two weeks. Allow blisters to dissipate naturally. Keep the affected area well moisturized to further reduce itching and, when washing, use mild fragrance free or hypo-allergenic soaps. Also, wash with cool water, as hot water can increase itching. Scabs frequently will develop after the blisters dissipate. Numerous home remedies can help to relieve itching; these include lukewarm baths with colloidal oatmeal [oatmeal ground to a fine powder]; cool compresses; and a variety of over-the-counter preparations which your clinician can recommend.

in touch

IMPORTANT TELEPHONE NUMBERS

Urgent Care	203-432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll free out of area	1-877-YHP-CARE
General information	203-432-0246
Pharmacy	203-432-0033
Monday, Tuesday,	8:00 AM–6:30 PM
Wednesday, Friday	8:30 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
Patient Representative	203-432-0109
Medicare/Retiree Coordinator	203-432-8134
Outpatient referrals	203-432-7397
Claims	203-432-0250
Inpatient Care Facility	203-432-0001



After care

After a scab from a minor burn, scrape, cut or contact dermatitis falls off naturally, there will be light pink tissue underneath.

Once that tissue is visible, you can apply aloe, vitamin E oil, cocoa butter, or over

the counter 1% hydrocortisone cream to the area. The specific product is not important; the act of rubbing it in and massaging the tissue as it heals will reduce scarring by encouraging development of the underlying collagen tissue in the skin.



from the desk of

MICHAEL RIGSBY, MD

MEDICAL DIRECTOR, YUHS

In recent years, medicine has attempted to define specific interventions that are of proven benefit in disease prevention, disease management, and access to care.

The idea that quality in health care can be accurately and objectively measured may not be obvious. We tend to evaluate health care experiences based on whether we get the results we hope for: recovery from illness, relief from troublesome symptoms, or merely reassurance and encouragement. However, in recent years, medicine has attempted to define in rigorous terms specific interventions that are of proven benefit in disease prevention, chronic disease management, and access to care. The Institute of Medicine (IOM), part of the National Academy of Sciences, has concluded that “the quality of health care can be precisely defined. In many instances, quality measures have the same degree of accuracy as the majority of measures used in clinical medicine to make vital decisions about patient care.”

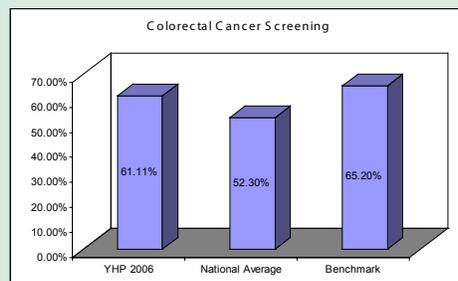
This evidence-based approach to health care quality also forms the basis for the development of metrics—methods of measurement—to assess quality.

Measurement of quality in a standardized and reproducible manner is a yardstick by which health care organizations identify areas for improvement, develop quality improvement programs and assess the effectiveness of their efforts.

At YHP, we have long made quality a high priority and, in recent years, we have begun developing specific quality measures that will be regularly assessed and reported to our staff and membership. The measures we use come largely from a widely-employed system known as HEDIS: the Health plan Employer Data and Information Set. HEDIS is a tool created by the National Committee for Quality Assurance (NCQA) to collect data about the quality of care and services provided by health plans. HEDIS measures address health care issues including preventive health, immunizations, and chronic disease management.

HEDIS measures are very specific. For each measure there are careful definitions of the target population as well as the desired outcome or intervention. For instance, in colon cancer screening, HEDIS defines the target population as adults 50+ who have not had a diagnosis of colon cancer. The success rate for this measure is the percentage of those people in the target population who have received a colonoscopy or other screening procedure within the appropriate time frame. This result rate tells us how successful YHP is in employing evidence-based screening interventions to reduce morbidity and mortality from a very common malignancy. Our results, which exceed the national average for all health plans, are attributable to a relatively short period of concerted effort, and we expect our rates of screening to rise further in coming years.

I hope you will find the reporting of quality information both interesting and helpful as you talk with your YHP clinicians.



YHP exceeds the national average for the percentage of members screened for colorectal cancer. Our goal is to increase the number of members screened for colorectal cancer; we have recently implemented a screening reminder program for members turning 50.

National Average and benchmark data was obtained from NCQA's "The State of Health Care Quality 2006" report. The national average represents the average rate across the nation. The benchmark represents the top performing state for the metric.



VITAMINS

continued from page 1

Prior to making a decision regarding enrichment or fortification of foods, government agencies such as the US Public Health Service and Food and Drug Administration (FDA) review data, evaluate expert opinion, and assess risks versus benefits. For example, too much folic acid (vitamin B₉) can “mask” a deficiency of vitamin B₁₂ or make diagnosing such a deficiency difficult, raising the question of whether adding folic acid to grains is dangerous. In response, surveys of the usual intake of this nutrient were studied, and a determination made about the degree of fortification that would be enough to help prevent birth defects without causing adverse effects. This fortification program appears to have been successful in decreasing the incidence of babies born with neural tube defects without adding the nutrient at levels high enough to cause unwanted side effects.

So far, so good! But what about that calcium-fortified orange juice, or the margarine with added plant sterols? What about the energy bars containing long lists of vitamins? How do those and hundreds of enriched, fortified and functional foods fit into a healthful diet that meets individual needs?

The primary answer should be based on your nutrition needs and what you are already eating. Between supplemented foods and supplement pills, certain nutrients can be over-consumed. For example, several years ago I saw a student whose palms had turned orange from too much beta-carotene (a type of vitamin A). Her dermatologist determined that this beta-carotene excess was a result of her eating five energy bars a day, substituting them for meals during summer travels. If you are regularly eating foods with a lot of added vitamins and minerals, especially if there is an overabundance of one or a few nutrients, look at how much you are eating of that food, and consider not taking additional supplementation.

You need also to consider how a given food product fits into your overall diet.



The appearance of calcium-fortified orange juice was a dream come true for many people concerned about bone health who were thrilled to trade some of their large calcium pills for a few glasses of juice every day. The fortified juice provides both calcium and vitamin D (like milk), as well as vitamin C and other nutrients. However, if you have a child who is a picky eater and also lactose intolerant, you should keep in mind that fortified orange juice won't provide the protein available from milk. If protein intake is an issue, you could consider fortified soy milk as a source of calcium, as it will also provide the same amount of protein as cow's milk.

Interest has developed in plant sterols and stanols, natural compounds found in certain plant foods like legumes, which have been shown to lower cholesterol. Besides some margarines, plant sterols and stanols are now available in some peanut butters and snack bars. These may be helpful if your cholesterol has started to creep up and you use these products as part of—not a substitute for—a diet low in saturated fat and cholesterol, and without trans fats. This category of functional foods contains less of the cholesterol-raising elements while adding the cholesterol-lowering sterols, creating the potential for a significant improvement in blood cholesterol levels.

You can substitute a sandwich made with the sterol-enhanced peanut butter for a bologna and cheese sandwich, a sterol-enhanced chocolate snack bar for a cheese Danish, or a whole grain English muffin with sterol-enhanced margarine for a bagel with cream cheese.

No discussion of this topic would be complete without comments about the attempts by some companies to “enhance” junk

foods by, for example, adding vitamins to soda. The only real beneficiaries of these products appear to be the manufacturers who seek to increase their profits.

We are much better off eating foods which naturally contain these nutrients; for example eating fruits and vegetables will provide not only vitamins such as A and C but also fiber and other health-enhancing components. The best course is to eat a well-balanced diet. Since everyone's nutrition needs are a bit different, you may consider adding to your diet a few specific functional foods (like the calcium-fortified juice or the sterol-enhanced peanut butter) or a supplement, based on your own nutritional needs.

Meanwhile, what about the young vegetarian with low iron stores? She is increasing her intake of foods naturally high in iron, making sure she has a good source of vitamin C with her meals to increase iron absorption, and will have her iron stores rechecked in a few months. If her levels are still low she will consider adding a food enhanced with extra iron (e.g. certain cereals) and/or a vitamin/mineral supplement formulated for vegetarians.

For more information about your particular nutrition needs, speak with your clinician and for more information on this and other topics in nutrition, check out the American Dietetic Association's Complete Food and Nutrition Guide, or the ADA website, www.eatright.org.

Write to us

Do you have questions or comments about something you've read in this newsletter? We'd be happy to hear from you. Write to us at yalehealthcare@yale.edu.



Read this!

Members of the YUHS staff offer summer reading suggestions.



Ivy M. Alexander, PhD, C-ANP, APRN,
Internal Medicine

Sticks and Scones by Diane Mott Davidson. Books in Davidson's murder mystery series are great summer reading; I recommend any of them. The characters are well developed, the plots interesting, and there are great recipes included in each book as well!

The Woman who Walked into the Sea by Philip R. Craig. Another recommended series. The characters in Craig's mystery books are fun loving and down-to-earth, the plots are well crafted, and the background setting of Martha's Vineyard and its beautiful beaches make these great books for relaxed summer reading.

Martha L. Asarisi, RPh, Pharmacy

George Washington, The Founding Father by Paul Johnson. Part of the Eminent Lives series, this 144-page gem looks at our founding father, the man who was able to win our independence from Great Britain but who to this day remains somewhat of a remote and mysterious figure. A fascinating read to refresh our American history.

Darlene Ashford, MPH,
Manager—Population Health Management
Paige Fiore, RMA, Ob/Gyn

The Secret Lives of Bees by Susan Monk Kidd. A true coming of age story, set against the backdrop of the South during the civil rights movement. Lily, a white 14 year-old girl, lives a harsh life with her father and Rosaleen, an African-American woman who has been her stand-in mother since her own mother's death. After Rosaleen is beaten and arrested on her way to register to vote, she and Lily escape to Tiburon, South Carolina, Lily's only connection to her mother. Once there, they find refuge in the company of extraordinary African-American women, bee-keepers and mentors. Lily learns to trust her new friends, face her father and navigate the prejudices of the South.

Jo Ann DellaValle, receptionist, Student
Medicine

Family Affair by Barbara Delinski. A good summer read that will make you think.

Cindy Eber, RN, MPA, Student Medicine

Tales from Margaritaville by Jimmy Buffett. A wonderful short story collection of tropical locations, interesting people and unusual destinations. You do not have to be a "Parrot Head" to enjoy the great stories that Buffett tells. A nice read while you are on vacation or dreaming about your next vacation.

Vicki Eisler, patient representative
Christa Mrowka, administrative coordinator,
Director's Office

Sisters by Danielle Steele. A year in the life of four close-knit yet very different Connecticut sisters, geographically separated by their careers but brought together by an annual summer outing at their family's Connecticut home. Tragedy strikes setting off events that turn their worlds upside down. "A story of both tremendous heartache and joy—an easy read, with more depth and realism than I anticipated. I'm normally not a Danielle Steele fan," notes Mrowka, "but this book came highly recommended. I'm glad I gave it a chance—it's an excellent way to spend a lazy summer day."

Paul Genecin, MD, director—YUHS

A Heartbreaking Work of Staggering Genius by Dave Eggers. A memoir, both funny and sad, about a very young man who becomes the guardian for his younger brother, who is only about 12. Eggers writes with a self-conscious "hip" style, full of irony, but nevertheless comes across as totally sincere—partly because he is describing events that would be unendurable to experience, to write about or to read about without his original perspective. This book has one of the best and funniest prefaces I've ever read. Check out the part in which Eggers recommends the parts of his book that he thinks are most worthwhile and those his readers can skip.

(See Madeline Wilson's recommendation of another book by David Eggers.)

The Picture of Dorian Gray by Oscar Wilde. A famously decadent, grotesque and mesmerizing classic about a handsome youth whose portrait ages while he stays permanently young. Lord Henry Wotton, Dorian's mentor in his descent into depravity, is the book's most memorable character. His "wrong, fascinating, poisonous, delightful theories" seem to permeate Oscar Wilde's gorgeous, comical (and somewhat operatic) writing.

Carole Goldberg, PsyD,
Mental Health & Counseling

Bad Blood by Linda Fairstein. Fairstein is the female NYC district attorney who was the head of their first-in-the-country Rape & Sexual Violence Special Victims Unit; the DA on "Law & Order—Special Victims Unit" is patterned on her. She is also a prolific mystery author, culling from her experiences to generate stories for her books. The book gives an in-depth glimpse into the inner workings of the DA's office as well as the complexities of an investigation and the multitude of twists and turns in prosecuting a murder.

Half of a Yellow Moon by Chimamanda Ngozi Adichie. The author, currently a Yale graduate student, was born in Nigeria. This novel, a finalist for the national Book Critics Circle Award, provides a dramatic and intensely emotional experience of modern Africa, exploring moral responsibility, the end of colonialism, ethnic allegiances, class and race, and ways that love can complicate them all.

Anne Gorman, assistant manager,
Adult Primary Care

One for the Money (A Stephanie Plum Novel) by Janet Evanovich. Fun, funny, light reading. I would recommend any book by this author.

Pat Mastrianni, ophthalmology assistant,
Ophthalmology

My Sister's Keeper by Jodi Picoult. A compelling novel that keeps you riveted from page one and rewards you with a surprise ending.

Christa Mrowka, administrative coordinator,
Director's Office

Full of Grace by Dorothea Benton Frank. Funny, heartfelt and emotional, this is the story of one family's struggle to reconcile our modern world with their traditional values. Themes of love, loss, change, and faith are woven into a tale that transports the reader around the world, helping to guide the main character, Gracie, as she makes her journey of self-discovery and growth.

Diane Paquette, APRN, Student Medicine

Journey from the Land of No by Roya Hakakian. In a lyrical writing style, Hakakian recounts her experience as a Jewish girl growing up in Tehran during the Islamic Revolution.

Diane Pertesis, clinical receptionist, Ob/Gyn

The Wedding by Nicholas Sparks. The book is a poignant love story of one man's vow to make his wife of 30 years fall in love with him all over again.

continued on page 7

books

5



information

NEW BENEFIT YEAR JULY 1ST

The benefit year for faculty & staff YHP members renews on July 1, 2007. All medical services rendered and prescriptions filled on or after July 1st will be applied to the new benefit year maximums and deductibles (as applicable). Please note: the \$200 (\$600 per family) annual deductible remains in effect. If you have questions about your coverage, contact Member Services at 203.432.0246.

yale health care

published by Yale Health Plan

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BIRTH CONTROL PRICE CHANGE

To keep the cost of prescription drugs as low as possible, YHP frequently obtains significant discounts from drug makers. Such a program has, for many years, allowed us to sell birth control pills (oral contraceptive pills or OCPs) significantly below typical retail prices.

The manufacturer of Ortho Tricyclen Lo, one of the most commonly prescribed OCPs, will no longer make these discounts available to us. Because of this situation, the cost of Ortho Tricyclen Lo will increase in the next few months.

If you are prescribed Ortho Tricyclen Lo and would like more information about your prescription and the availability of potentially lower cost alternatives, visit our website at www.yale.edu/yhp and follow the link to “information on oral contraceptives at YHP.” Or call Ob/Gyn at 203-432-0222. Please allow up to two business days for a member of our clinical staff to return your call.

BRIDGE ALERT

The Hillhouse Avenue bridge is closed indefinitely for repairs. Visitors may enter at the intersection of Trumbull Street and Hillhouse Avenue. Please allow extra travel time when driving to YUHS; you may want to consider alternate parking away from Hillhouse Avenue. Patient parking continues to be available in lot 37 on Trumbull Street.

Check our web site www.yale.edu/yhp for additional news, and contact the Director’s Office at 203-432-0076 with any questions.

PHARMACY SUMMER HOURS

Monday, July 9–Saturday, August 18:

Monday–Friday 8:30 a.m.–6:00 p.m.
Saturdays 8:30 a.m.–2:30 p.m.

Monday, August 20–Friday, September 8:

Monday–Friday 8:00 a.m.–6:30 p.m.
[on Thursdays, hours begin at 8:30 a.m.]
Saturdays 8:30 a.m.–3:30 p.m.

SAFETY FIRST

Ensuring the safety of our members and staff within the YHP building is an integral part of our mission to keep the Yale community healthy. Many of the practices we follow to maintain safety happen “behind the scenes”—for example: annual safety checks on all medical equipment, from x-ray machines to otoscopes; continuous monitoring of sterilization equipment and procedures; and ongoing staff training in emergency preparedness. Other practices are more visible to members, such as the availability of hand-sanitizing products throughout the building and the identification procedure used each time a member fills a prescription.

We encourage members to communicate questions about safety issues to their clinicians and/or to the appropriate department manager or chief, as well as to our leadership group. You may call us at 203.432.0246 or 203.432.0109, or ask to talk with the department manager when you are in the building. You may also email member.services@yale.edu or use comment cards (available in all departments and at www.yale.edu/yhp under “communicating with us”).



PEDIATRIC VISION SCREENING

Pediatric vision screenings will be available during July and August for children ages 4-6 [pre-kindergarten]. Please call 203.432.0084 to schedule an appointment.



From the Pharmacy

What to keep

“Home care for bumps & bruises” on page 1 provides advice on dealing at home with common injuries. Below is a list of items to have on hand for a home first-aid kit, including frequently-used over-the-counter medications.

First aid essentials:

Keep in a roomy container like a craft supply box and store out of reach of children but easily accessible to adults. Replenish supplies as soon as they are used up so that they are available next time they are needed.

- adhesive bandages – assorted sizes
- gauze—4 inch squares
- adhesive or paper tape
- small pair of sharp scissors
- tweezers
- hand sanitizer
- antibiotic ointment
- hydrocortisone cream 1%
- acetaminophen
- ibuprofen

- calamine lotion
- hydrogen peroxide
- alcohol wipes
- disposable instant cold pack
- thermometer
- two pair of disposable plastic gloves
- flashlight and extra batteries

Medicines to have on hand:

Keep in small supplies, check expiration dates frequently, and replenish when expired. Remember that the bathroom medicine chest is one of the worst places to keep medications, as moisture can hasten chemical breakdown. Instead, keep medications in a cool, dry, dark place such as a closet shelf that is out of the reach of children.

- ibuprofen (include children’s dosage if children are in the home)
- acetaminophen (include children’s dosage if children are in the home)
- cough medicine with and without dextromethorphan (to be used depending on the nature of the cough)
- mentholated throat lozenges
- antihistamine for allergic reaction (e.g. Benadryl)
- anti-diarrheal
- decongestant (pseudoephedrine or phenylephrine) for colds or allergies

And don’t forget:

- copy of all emergency phone numbers: keep in several easily-accessible places, including in the first aid kit and near the medicine supply
- list of prescription medicines used by household members, also in several easily-accessible places; make sure to update as needed
- copy of *Healthwise*®

Information provided by Martha Asarisi, R.Ph.

BOOKS

continued from page 5

Diane Petersen, staff relations & placement coordinator

Naked by David Sedaris. Any book by David Sedaris would be great summer (or anytime!) reading. I love all of his books but I think his first, *Naked*, is absolutely hilarious. His books are a collection of short stories with his signature twists on ordinary life. Other books by Sedaris include *Me Talk Pretty One Day*, *Barrel Fever*, and *Dress your Family in Corduroy and Denim*.

Michael Rigsby, MD, medical director—YUHS

East Wind Melts the Ice by Liza Dalby. Subtitled “a memoir through the seasons” this book takes as its starting point the author’s discovery of an ancient Chinese almanac that separates the year into seventy-two periods of five days each. Using her extensive knowledge of eastern cultures and her experience as a gardener, Dalby has written seventy-two brief essays that carry us through the arc of a year, five days at a time. Part gardener’s journal, part cultural anthropology, the result is fascinating reflection on the ephemeral as well as the eternal aspects of calendrical time.

Ann Ross, MD, Ob/Gyn

Anna Karenina by Leo Tolstoy, translated by Richard Pevear and Larissa Volokhonsky. This great classic is my favorite book of all time. I think it’s the best book ever written.

David Roth, MD, chief of Ob/Gyn

The Omnivore’s Dilemma by Michael Pollan. A well-written and fascinating explanation of how the food we eat gets to our tables and into us. Pollan traces different types of meals, fast food to foraged, from their origins in the forest, farm and factory to their preparation and ingestion. A real eye-opener about the modern industrial food complex, and more fun to read than I’ve made it seem.

(Paul Genecin adds: *Michael Pollan also wrote a wonderful book about gardens and gardening and the seduction of catalogs: Second Nature.*)

Pamela Sheppard, RMA, senior admin asst—Ob/Gyn

The Other Boleyn Girl by Philippa Gregory. An historically-based novel that takes you inside Henry VIII’s court and provides an in-depth view of what the wealthy, power hungry families would sacrifice to stay in the king’s favor. Compelling and easy to read.

Peter Steere, RPh, MBA, assistant director of Pharmacy and Medication Management

The Devil in the White City: Murder, Magic and Madness at the Fair that Changed America by Erik Larson. This novel, based on two true story lines that shared a time and place (Chicago, 1893), reads more like a thriller and teaches you about a variety of phenomena including the origins of the Ferris Wheel and the city’s early skyscrapers. It’s filled with real characters and describes a very different America—one attempting to compete aesthetically with Paris—and just at the point when Chicago began to emerge from New York’s shadow.

Madeline Wilson, MD, FACP, chief of Internal Medicine & Urgent Care

What is the What by Dave Eggers. Moving and beautifully-written description of the experiences of one of the “Lost Boys” of southern Sudan who made his way hundreds of miles through Sudan, Ethiopia and Kenya, lived in refugee camps for 10 years and ended up in Atlanta. A true story, lightly fictionalized by Eggers, with all proceeds from the book supporting the protagonist’s home village in Sudan.



healthy ideas

WASH YOUR WATERMELON



Best to keep watermelons on the countertop until cutting time. Whole watermelons stored at room temperature deliver more

protective antioxidants (especially lycopene and beta-carotene) than refrigerated or freshly-picked melons.

Why? After it's picked, watermelon continues to ripen and build up antioxidants. Cold temperatures appear to cut this process short. So leave your watermelon out, as long as you haven't sliced it. After it's cut, it should be stored in the refrigerator to avoid bacterial growth.

Before cutting the melon, wash it thoroughly because bacteria on the outside can be transferred, via the knife, to the *inside* when an unwashed fruit/vegetable is peeled or cut. Any foods that come in contact with dirt or manure will contain a certain number of microorganisms, and these naturally-occurring organisms can cause a variety of gastric disturbances. And any foods that are handled by people can likewise become contaminated.

So always rinse vegetables and fruits—such as squashes, cucumbers, and melons—that you plan to peel or cut, using running water rather than a bowl of standing water. If you want to eat the peel, scrub produce with a stiff vegetable brush to remove dirt and wash thoroughly to remove bacteria. Scrubbing with vinegar will strip off the wax coatings found on veggies such as cucumbers and some apples. And remember to cut away any bruises or scars.

Don't skimp on sunscreen

To get the full sun protection factor (SPF) printed on the container of sunscreen, you must use the amount used in testing the product. Most of us use only about a quarter of the sunscreen needed to get the full protection advertised. You need to slather on *a lot* of it—about two finger-length squirts applied to every major body area (head/neck/face, left arm, right arm, upper back, lower back, upper front torso, lower front torso, left thigh/knee, right thigh/knee, left lower leg/foot, right lower leg/foot). Also, sunscreen should be purchased new each summer, as it loses effectiveness over time.



I WANT TO BE A LAWN

Chemicals used to create a “perfect” lawn pose significant health risks to adults, children and pets. These substances eventually move into the groundwater and

that groundwater travels into the public water supply. Lawn pesticides are poisons designed to kill living organisms and they are linked to higher rates of cancer, birth defects, nerve damage and learning disabilities in mammals. According to the federal EPA (Environmental Protection Administration), over 90% of the pesticides used on residential lawns are possible or probable carcinogens. If you want to encourage the traditional turf lawn look while eliminating the poisons, do the following:

- Choose grasses appropriate for this environment.
- Mow high and mow often, with a well-sharpened mower.
- Water deeply but infrequently. This encourages deeper root growth, resulting in a more stable and disease-resistant lawn instead of one whose roots remain near the surface.

Don't worry about drought. Well-established lawns will not die in a drought. They will just turn brown and will return to green when the rain falls.

yale health care

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Please remember that free parking for YHP members is available both in the lot right next to 17 Hillhouse Avenue and in parking lot 37, just across Trumbull Street.

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